This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED CLARIDGE, REX C.		PROJECT NAME BLOWOUT/FIRSTCHANCE		PROJECT ID	
				S230039	
DUE DATE ANNUAL FEE AMOUNT DUE		Change of Address			ι
\$ 150	Permittee requests	Contact			
TAX ID OR SOCIAL SECURITY #		Address	RECE	IVED	
DIVISION OF OIL GAS AND MINING			JUL 29	2002	
1594 WEST NORTH TEMPLE SUITE 1210 PO BOX 145801 SALTIAKE CITY LIT 84114 5801			OIL, GAS AND	OF	
	\$ 150 EITY# AS AND MINI TEMPLE SU	AMOUNT DUE \$ 150 Permittee requests an inspection to close out this permit. AS AND MINING TEMPLE SUITE 1210	BLOWOUT/FIRSTCHANCE AMOUNT DUE \$ 150 Permittee requests an inspection to close out this permit. AS AND MINING TEMPLE SUITE 1210 State	AMOUNT DUE \$ 150 Permittee requests an inspection to close out this permit. AS AND MINING TEMPLE SUITE 1210 BLOWOUT/FIRSTCHANCE Change of Address Contact Address RECE State OIL, GARAND	AMOUNT DUE \$ 150 Permittee requests an inspection to close out this permit. AS AND MINING TEMPLE SUITE 1210 BLOWOUT/FIRSTCHANCE Change of Address Contact Address Contact Address Contact Address State OIL GAS AND MINING State

Please make check payable to:
Division of Oil, Gas and Mining